

DT12 Rec'd PCT/PTO 28 DEC 2004

PLEASE DATE STAMP AND RETURN

Lang et al.

DFN

PCT/US03/17247

Filed 6/02/03

CHM-007

Express Mail No. EL 966243461 US sent on December
19, 2003.

RECEIVED:

1. Transmittal Letter to the US Receiving Office (1 page)
2. Demand (3 pages)
3. PCT Fee Calculation Sheet (1 page)
4. Return Postcard

DT12 Rec'd PCT/PTO 19 DEC 2003

TRANSMITTAL LETTER TO THE
UNITED STATES RECEIVING OFFICE

Date	December 19, 2003
International Application	PCT/US 03/17247
Attorney Docket No.	CHM-007M

I. Certification under 37 CFR 1.10 (if applicable)

EL 966243461 US

Express Mail mailing number

December 19, 2003

Date of Deposit

I hereby certify that the application/correspondence attached hereto is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to Assistant Commissioner for Patents, Washington, D.C. 20231.

Signature of person mailing correspondence

Daniel F. Nesbitt

Typed or printed name of person mailing correspondence

II. ☐ New International Application

TITLE

Earliest priority date
(Day/Month/Year)

SCREENING DISCLOSURE INFORMATION: In order to assist in screening the accompanying international application for purposes of determining whether a license for foreign transmittal should and could be granted and for other purposes, the following information is supplied. (Note: check as many boxes as apply):

- A. ☐ The invention disclosed was **not** made in the United States.
- B. ☐ There is no prior U.S. application relating to this invention.
- C. ☐ The following prior U.S. application(s) contain subject matter which is related to the invention disclosed in the attached international application. (NOTE: priority to these applications may or may not be claimed on form PCT/RO/101 (Request) and this listing does not constitute a claim for priority.)

application no.		filed on	
application no.		filed on	

- D. ☐ The present international application contains additional subject matter not found in the prior U.S. application(s) identified in paragraph C. above. The additional subject matter is found on pages and ☐ DOES NOT ALTER ☐ MIGHT BE CONSIDERED TO ALTER the general nature of the invention in a manner which would require the U.S. application to have been made available for inspection by the appropriate defense agencies under 35 U.S.C. 181 and 37 CFR 5.1. See 37 CFR 5.15

III. ☐ A Response to an Invitation from the RO/US. The following document(s) is(are) enclosed:

- A. ☐ A Request for An Extension of Time to File a Response
- B. ☐ A Power of Attorney (General or Regular)
- C. ☐ Replacement pages:

pages		of the request (PCT/RO/101)	pages		of the figures
pages		of the description	pages		of the abstract
pages		of the claims			

- D. ☐ Submission of Priority Documents

Priority document		Priority document	
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- E. ☐ Fees as specified on attached Fee Calculation sheet form PCT/RO/101 annex

IV. ☐ A Request for Rectification under PCT 91 ☐ A Petition ☐ A Sequence Listing Diskette

V. ☒ Other (please specify):

PCT Demand (3 pages) and PCT Fee Calculation (1 page)

The person
signing this
form is the:

<input type="checkbox"/> Applicant	Daniel F. Nesbitt (Reg. No. 33,746)
<input checked="" type="checkbox"/> Attorney/Agent (Reg. No.)	Typed name of signer
<input type="checkbox"/> Common Representative	Signature

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/ US

PCT

CHAPTER II

DEMAND

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty and hereby elects all eligible States (except where otherwise indicated).

For International Preliminary Examining Authority use only	
Identification of IPEA	Date of receipt of DEMAND
Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION	
Applicant's or agent's file reference CHM-007M	
International application No. PCT/US03/17247	International filing date (day/month/year) 2 June 2003
(Earliest) Priority date (day/month/year) 31 May 2002	
Title of invention Method, Composition and Kit for Antigenic Binding of Norwalk-Like Viruses	
Box No. II APPLICANT(S)	
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Children's Hospital Medical Center 3333 Burnet Avenue Cincinnati, OH 45229 United States	
Telephone No. 513-636-7512	
Facsimile No. 513-636-8453	
Teleprinter No.	
Applicant's registration No. with the Office	
State (that is, country) of nationality: United States	State (that is, country) of residence: United States
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) JIANG, Xi 6532 Copperleaf Lane Cincinnati, OH 45230 United States	
State (that is, country) of nationality: United States	State (that is, country) of residence: United States
Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) LE PENDU, Jacques 78bis rue de la Bastille 44000, Nantes, France	
State (that is, country) of nationality: France	State (that is, country) of residence: France
<input type="checkbox"/> Further applicants are indicated on a continuation sheet.	

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCEThe following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*NESBITT, Daniel F.
Hasse Gutttag & Nesbitt LLC
7550 Central Parke Blvd.
Mason, OH 45040

Telephone No.

513-229-0383

Facsimile No.

513-229-0683

Teleprinter No.

Agent's registration No. with the Office

33,746

☐ **Address for correspondence:** Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.**Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION****Statement concerning amendments:***

1. The applicant wishes the international preliminary examination to start on the basis of:

☒ the international application as originally filedthe description ☒ as originally filed☐ as amended under Article 34the claims ☒ as originally filed☐ as amended under Article 19 (together with any accompanying statement)☐ as amended under Article 34the drawings ☒ as originally filed☐ as amended under Article 342. ☐ The applicant wishes any amendment to the claims under Article 19 to be considered as reversed.3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of 20 months from the priority date unless the International Preliminary Examining Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purposes of international preliminary examination: English☒ which is the language in which the international application was filed.☐ which is the language of a translation furnished for the purposes of international search.☐ which is the language of publication of the international application.☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.**Box No. V ELECTION OF STATES**The applicant hereby elects all eligible States *(that is, all States which have been designated and which are bound by Chapter II of the PCT)*

excluding the following States which the applicant wishes not to elect:

Box No. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

- | | | |
|--|---|----------|
| 1. translation of international application | : | 0 sheets |
| 2. amendments under Article 34 | : | 0 sheets |
| 3. copy (or, where required, translation) of amendments under Article 19 | : | 0 sheets |
| 4. copy (or, where required, translation) of statement under Article 19 | : | 0 sheets |
| 5. letter | : | 0 sheets |
| 6. other (<i>specify</i>) | : | 0 sheets |

For International Preliminary
Examining Authority use only

received	not received
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

The demand is also accompanied by the item(s) marked below:

- | | |
|--|---|
| 1. <input checked="" type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> original separate power of attorney | 6. <input type="checkbox"/> sequence listings in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to sequence listings |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).



Daniel F. Nesbitt
Agent for Applicants

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply. ☐ The applicant has been informed accordingly.

4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of Rule 80.5.

5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

PCT

CHAPTER II

FEE CALCULATION SHEET

Annex to the Demand

International application No. PCT/US03/17247	For International Preliminary Examining Authority use only	
Applicant's or agent's file reference CHM-007M	Date stamp of the IPEA	
Applicant Children's Hospital Medical Center		
CALCULATION OF PRESCRIBED FEES		
1. Preliminary examination fee	490.00	P
2. Handling fee (<i>Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.</i>)	172.00	H
3. Total of prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	662.00	
	TOTAL	
MODE OF PAYMENT		
<input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	
<input type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):	
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT (This mode of payment may not be available at all IPEAs)		
<input checked="" type="checkbox"/> Authorization to charge the total fees indicated above.	IPEA/ US	
<input checked="" type="checkbox"/> (This check-box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorization to charge any deficiency or credit any overpayment in the total fees indicated above.	Deposit Account No.: 502201	
	Date: 12/18/03	
	Name: Loy M. White	
	Signature: 	